

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-306287

STATE FILE NUMBER

Registration District No. W9 Primary Registration District No. 1002 Registrar's No. 716

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>53 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1319 Indiana</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Lowell</u> Last <u>Armstrong</u>			4. DATE OF DEATH Month <u>2</u> Day <u>2</u> Year <u>63</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/6/1909</u>	9. AGE (last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>			11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>John Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Estella Mae Loring</u>		14. NAME OF HUSBAND OR WIFE <u>Jacqueline Armstrong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Jacqueline Armstrong</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEPTICEMIA</u>		18. CONTINUED		INTERVAL BETWEEN ONSET AND DEATH	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11</u> a.m. <u>17</u> p.m. Month, Day, Year <u>62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>IND</u> STATE <u>MO</u>	

21. I attended the deceased from 11-17-62 to 2-2-63 and last saw her/him alive on 2-2-63
Death occurred at 2:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree & title)	22b. ADDRESS <u>2400 CHERRY</u>	22c. DATE SIGNED <u>2-4-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/5/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt. Washington</u>	23d. LOCATION (City, town, or county) <u>Independence, Mo</u>
24. FUNERAL DIRECTOR <u>C.H. Blackman & Son</u>		25. DATE RECD. BY LOCAL REG. <u>2-4-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.